

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/529209

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11		1		1		
12	1		1			
13		1		1		
14		2		2		
15		2		2		
16	1		1			
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	14	←	23	←		←
TOTAL CLAIMS	24		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						